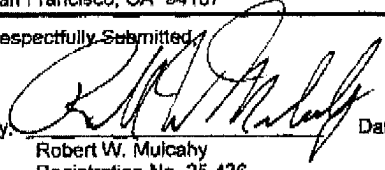


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Brown et al.	Art Unit: 2836
Application No: 10/816,152	Examiner: Thomas, Lucy M.
Confirmation No: 9014	Attorney Docket No: 008325 USA/AGS/SPARES/DP
Filed: March 31, 2004	October 8, 2009
Title: DETACHABLE ELECTROSTATIC CHUCK	San Francisco, CA 94107

Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450	Extension of Time	
Via EFS <input type="checkbox"/> Response to Non-Final Office Action <input type="checkbox"/> Declaration <input type="checkbox"/> Drawing <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement <input checked="" type="checkbox"/> PTO-SB/08 Form(s) <input checked="" type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer (PTO Form SB/26) <input type="checkbox"/> (2) Postcards for Return	<input type="checkbox"/> Applicant requests an extension of time under 37 C.F.R. 1.136	
	Extension (Months)	Extension Fee
		Large Entity Small Entity
	<input type="checkbox"/> One Month	\$130.00 \$65.00
	<input type="checkbox"/> Two Months	\$490.00 \$245.00
	<input type="checkbox"/> Three Months	\$1,110.00 \$555.00
Total \$ 0.00		
<input type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.		

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	21	21	0	\$52.00	\$26.00	\$0.00
Independent Claims	4	4	0	\$220.00	\$110.00	\$0.00
Multiple Dependent Claims			0	\$390.00	\$195.00	\$0.00
Supplemental Information Disclosure Statement						\$180.00
Total						\$180.00

Fee Payment Extension Fee \$0.00 Fee under § 1.17(p) \$180.00 Total \$180.00		Fee Deficiency <input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> . and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .	
<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>50-1074</u> in the sum of \$180.00		Please direct telephone calls to: Ashok K. Janah at (415) 538-1555 Please continue to send correspondence to: Janah & Associates, P.C. 650 Delancey Street, Suite 106 San Francisco, CA 94107	
CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a) I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, facsimile transmitted to the U.S. Patent Office at (571) 273-8300, or electronically submitted via EFS on the date shown below. By: <u>Melanie Hitchcock</u> Date: <u>October 8, 2009</u> Melanie Hitchcock		Respectfully Submitted,  By: <u>Robert W. Mulcahy</u> Date: <u>October 8, 2009</u> Registration No. 25,436	